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ABSTRACT

The disabled reader is defined in this paper as the student who does not respond to regular classroom instruction and who requires detailed diagnosis and treatment, generally implemented by the reading clinician and the clinic team of specialists. Allopathic treatment is concerned with the identification of causal factors and their immediate removal or mitigation. It includes correction of physical, psychological, sociological, and educational factors affecting the child's reading performance as well as the provision of specialized reading instruction. Eight outlined steps constitute an allopathic concept of indepth diagnosis which is not complete until treatment is applied and verified. These steps are statement of the problem, assumed hypotheses, rejected hypotheses, accepted hypotheses, discovery and explanation of consequential factors, predicted treatment, and verification. The case study of a sixth-grade boy, including application of the eight-step diagnosis paradigm to his situation, is reported. (CM)

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The Therapist's Approach to the Study of the Disabled Reader, An Allopathic Concept

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Many disabled readers do not respond to instruction by the classroom teacher. Approximately three per cent of the school population requires detailed diagnosis and treatment, generally implemented by the reading clinician and his team. These emergency cases necessitate allopathic treatment which is carried out by the reading therapist. In this paper the writer contrasts homeopathic and

allopathic remediation and illustrates the latter in its application to a disabled reader. A rigorous system of diagnosis and treatment is recommended.

Nature of Remediation

Remediation involves both diagnosis and treatment. The former, as applied to reading disabilities, is a rational explanation based on a systematic study of an individual's inability to make anticipated progress in learning to read. It can be made at four levels, i.e., identification of the difficulty, description and classification of the disability, determination of specific reading needs, and detection and evaluation of the causal factors leading to the disability. Treatment will depend upon diagnosis.

Diagnosis at level one merely results in identification of the disability. The statement that a child is suffering from dyslexia has little or no value in outlining treatment. This old label has survived many years despite new knowledge of reading disability. Other labels such as dementia, hysteria, and neurosis are examples of the survival of old terms in spite of new knowledge. Such labels, once used by physicians,

are not only useless but misleading. Reading therapists must do more than indulge in name calling.

Description and classification which constitute diagnosis at level two are not sufficient for adequate therapy. Treatment is not completed by reporting that the individual is reading at sixth grade level and is severely penalized by his difficulty. Diagnosis at this level merely leads to palliative treatment such as the adjustment of materials to the reading level of the child. In many instances this is not enough. Furthermore, such descriptive and classifying terms as strephosymbolia, brain damage, and perceptual disabilities do not provide the therapist with adequate data for effective remediation. Early in the history of medicine, for example, general paresis was diagnosed from stigmata diaboli and was assumed to be outward manifestations of the devil. Much later the clinical symptoms and nomenclature of general paresis were differentiated from other forms of mental illness as new knowledge became available. Without doubt, such progress will be made in the field of reading. At the present time more is needed than measurement resulting in description and classification.

Diagnosis at level three consists of the determination of the reading needs of the individual. The teacher or reading therapist focuses his attention upon the child, identifies his problem, and immediately begins to help him solve it. In working with the child he observes his reactions and determines what reading skills he possesses and those which he has not yet attained. Treatment involves permitting the child to make errors, recognize them, and then develop control over them. It is homeopathic in nature.

Diagnosis at level four is concerned with cause-effect relationships. It is at this level of diagnosis that the clinician studies the whole child in his environment. He attempts to identify factors which are relevant or only related to the problem, then those which are material or essential to an explanation of the disability, and finally that factor or configuration of factors which is consequential and leads directly to the effect. The skilled clinician does not give the same weight and consideration to all factors resulting from his study of home conditions, developmental history, school history, test data, and facts secured in interviews

and from observations. He understands that causes may be constitutional, exciting, predisposing, primary, and secondary in nature.

The clinician proceeds systematically in his study of all available data. He identifies the problem and then assumes tentatively several hypotheses. After each of these has been evaluated in terms of the total configuration of factors so as to determine whether or not each factor is relevant, material, or consequential, he must either accept or reject each of the hypotheses which has been assumed. In this process he may discover new facts or new relationships which he must explain. This explanation will set forth a consequential factor or pattern of factors which leads directly to the disability. He will then predict that if certain changes are made and certain treatment is applied, the diagnosis will be verified. The reader will observe that eight acts have finally led to diagnosis which is not complete until after verification.

Diagnosis at the fourth level is based upon a study in depth of physical, psychological, sociological, and educational factors which may be material and

consequential in nature. Data concerning the individual are obtained by interviewing, observing, testing, and by reviewing certain aspects of his life, social, and academic history. Treatment based upon diagnosis is designed to provide care for the individual with a reading disability who has not made progress in the classroom. It includes correction of physical, psychological, sociological, and educational factors adversely affecting the child's reading performance as well as the provision of specialized reading instruction. At this level allopathic measures are recommended.

Homeopathic and Allopathic Treatment

In the treatment of the disabled reader as in the early practice of medicine, both homeopathic and allopathic approaches can be utilized. The prefix homeo means similar or alike and the prefix allo means other than or different. Homeopathy was treatment which assumed that such agents cure a disability as in health produce similar symptoms and that minute but frequent treatment was effective. On the other hand, allopathy was a system of therapeutics which produced effects different from those of the disability. In the treatment

of a fever, for example, the allopathic physician would administer a drug to reduce immediately the temperature and at the same time identify and treat the cause of the infection. Homeopathic treatment would involve the administration of drugs in small amounts which, in a normal individual, would produce an elevation in temperature. The assumption was that the elevation in temperature was nature's way of combating the infection. Its control, not its eradication, was sought. Furthermore, in treating an impacted tear duct homeopathic treatment would consist of the application of heat to bring the infection to a head rather than an ice pack to reduce the swelling and aid absorption into the system.

Homeopathic treatment of reading disabilities is generally applied by the classroom teacher who is chiefly concerned in meeting the instructional needs of her pupils <u>when</u> and <u>where</u> they become manifest. As the child tries to accomplish his purpose, he meets difficulties, and it is in this situation that his teacher applies aid. When permitted to make errors, the child recognizes his need for assistance and

consequently can make greater use of instruction as he develops control of his errors. He is not subjected to clinical study in the process of identifying causal factors. Neither is he regarded as a maladjusted reader or as a problem child.

In the application of allopathic treatment to a disabled reader the therapist will be concerned with identification of causal factors and their immediate removal or mitigation so as to assure the individual of success. A child, for example, eight months in the sixth grade is reading as well as an individual six months in the third grade (3.6). The diagnosis indicates that marked difficulties of fusion and a resulting mental set against reading are the consequential and material factors causing the disability. Allopathic treatment, then, would consist of removing these conditions so as to assure the child of an opportunity for success. Remedial measures are stressed and various forms of therapy may be applied.

Model of Allopathic Approach

Paul is a quiet, shy, black boy with good manners and courteous ways. He is in the sixth grade, and it

is said that he reads well orally but is unable to report and discuss what he reads. A survey test in reading provides a grade score of 3.2. His father, a college instructor, believes that his son is being poorly prepared for junior high school. In following suggestions made to him by his father, Paul memorizes sentences and short paragraphs from his textbooks. He does this well but shows little understanding of what he has memorized. He believes that he is a poor student and that he does not belong to the group in which he is placed. Paul refuses to read silently at home and becomes angry when asked to do so. The school social worker reports that Paul on two occasions has been away without leave from the classroom. Racial disturbances and frustration having their origin on the playground add to Paul's feelings of insecurity. His glasses with thick lenses have caused him to be called "professor" by his associates. For several years he has shown marked interest in dogs, especially collies.

The psychologist discovered that Paul's IQs as determined by the Wechsler Intelligence Scale for Children were 120, 118, and 121 on the verbal, performance,

and full scales, respectively. He explained that in his opinion Paul was a mature boy physically, mentally, and emotionally who was doing inferior work in the classroom because of a reading disability. In exploring the nature of this disability, the clinician discovered that Paul was not able to identify main ideas and to integrate them into a meaningful whole. In an interview, Paul explained, "I'm willing to read aloud in class, but my teachers ask questions I can't answer. They say I must read between the lines and get all the facts. I don't know what facts are important, and I don't see how they go together. The kids think I'm dumb. I don't like to read to myself." A conference with Paul's teachers indicates that he has been shown how to read for main ideas and that he has failed to profit from their instruction.

The eight acts of diagnosis as applied in the study of Paul are shown in the paradigm. The resulting interpretation was stated as follows.

> Paul is a boy of high average intelligence who is unable to read

DIAGNOSIS PARADIGM

I. Statement of problem

Why is Paul having difficulty in reading silently.

Demographic Data

Physical Factors	Psychological Factors	Educational Factors	Environmental Factors

II. Assumed Hypotheses

Inadequate instruction.

Insufficient mental content.

Visual defect.

Mental set.

Inadequate self concept.

Unwillingness to put forth and sustain effort.

III. Rejected

IV. Accepted

V. Discovery

Failure to identify main ideas and integrate them into meaningful whole.

and

VI. Explanation

This fact is the direct cause of mental set and related inadequacies.

VII. Prediction

and

VIII. Verification

Statement of Diagnosis

at his expected level because of a mental set against silent reading and an unwillingness to put forth and sustain effort. His inability to identify main ideas and to integrate them into a meaningful whole explains the mental set and is the consequential factor which leads directly to Paul's unwillingness to attempt silent reading. The problem has been further complicated by the father's attitude toward his son.

In helping Paul overcome his emotional reaction against silent reading, it was recommended that he be referred to Miss Jones, a reading therapist, and that the following directive and allopathic treatment be provided.

* Explain to Paul that he is a bright boy who, after acquiring a few basic skills, will be able to read better than most of his associates.

* Help him to identify the topic in several interesting paragraphs.

* Show him how the writer has developed and expanded these ideas.

* Encourage Paul to write several paragraphs about his dog showing topic sentence along with expanding, amplifying, and supporting sentences. The purpose here is to develop ideas rather than interpret them. It is assumed that if Paul can write a paragraph he can learn to read one.

* Show him how each paragraph in a textbook is a step in the sequence of developed ideas leading to a major thought unit.

* Reinforce Paul's successes with praise and commendation.

* Show Paul how to identify major ideas in a chapter of his General Science textbook. Demonstrate importance of introduction, summary, and major headings.

* Demonstrate to Paul how he can convert main headings into questions which are answered by his text. Have him write a question on one side of a 3" x 5" card and the answers in outline form on the other side.

* Ask him to read questions aloud and recite the correct responses to himself.

* Point out to Paul again and again that he is a bright student who, after acquiring several specific basic skills in reading, can do excellent work in the classroom. Add that there is ample psychological evidence that he is a student of superior intelligence.

* Inform both of Paul's parents concerning the importance of building up his self concept and the necessity of their cooperation with his teachers. They must accentuate his successes and say little concerning his failures. Furthermore, it is suggested that Paul be encouraged to ask questions and read for answers. There should be no home "instruction" in reading and no unfavorable comment concerning the school.

In the implementation of these recommendations, Paul spent thirty minutes five days each week with a reading therapist. Later this was reduced to three and then to two periods of instruction and therapy in the reading laboratory. Rapport between Paul and his

therapist was excellent and from the beginning progress was apparent. After five months of treatment Paul's performance on an equivalent form of the reading test administered earlier was that of an individual eight months in the sixth grade (6.8). This is an increment of three years and six months. In the library Paul read books of his own choosing and expressed an interest in them. It was apparent to Paul, his teacher, and his family that treatment had been successful.

Summary

The writer has attempted to illustrate a rigorous, analytical, and systematic approach to the diagnosis of a disabled reader. He has shown that in remediation there has been a search for causal factors, a multi-disciplinary approach, a study of the child in depth, and a response to a need for immediate and directive care. This allopathic treatment was provided outside of the classroom and under the direction of a reading therapist.

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